

would set to work to execute it mechanically. He at these times becomes very pale, the eyes are wide open and have a fixed expression. He answers quietly and reasonably any question which may be addressed to him, and will often even apologize for the trouble he is giving. He generally fancied that it was necessary for him to go to bed. Accordingly he would seek some room where he knew a bed was situated, and would undress and get into it. As often happened, being a teacher in an orphan asylum, he would manage to crowd himself into a child's cot and would, to his intense disgust, suddenly resume consciousness and find himself cramped and stiff from the exertion. On another occasion, while waiting for a train at a railway station, he started off to walk along the track. As he crossed a bridge, stepping from sleeper to sleeper, he was loudly shouted at by several persons, but he was still unconscious, and pursued his way for about four miles, when he was amazed to find that he had wandered so far away from his destination. He was very lame from infantile hip disease, and wore a cork-sole boot, which replaced the shortening due to disease. This case, it will be obvious, is of much medico-legal interest.

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LATE RECOVERIES FROM INSANITY.—Drs. Reva and Algeri (Atti del Quarto Congresso de la Societa Freniatria Italiana) conclude, that experience demonstrates that certain psychoses may recover after several years' duration; that the psychoses thus recovering are systematized delusional cases in which the degeneration signs are absent or not well marked. An almost constant character of these psychoses is hallucinations, which remain invariable from the onset. In these cases there is marked intellectual vigor and activity during the progress of the psychosis.

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TEMPERATURE IN ACUTE MANIA.—Dr. Walter Channing (*Boston Medical and Surgical Journal*, July 9, 1885) says that in acute mania there is usually elevation of temperature to an uncertain degree. It is of the direct type—that is, higher at night than in the morning, as a rule. There may be striking exceptions. The maximum point is reached early in the disease. The mobility of the temperature is considerable, especially in severe cases,—from one to five degrees. These marked fluctuations taking place at one to two degrees above normal, with great irregularity, and an occasional exacerbation of four and five degrees above normal, are to some extent characteristic. The occasional exacerbations indicate increased intensity of symptoms probably, especially those of a motor character. In favorable cases, considerable remissions shortly follow.

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PSYCHOSIS CURED BY ERYSIPELAS.—Dr. Lauderer (*Allgemeine Zeitschrift für Psychiatrie*, Band xli., Heft 4 and 5) reports a

case of melancholia in a girl of good heredity, which recovered under the influence of an attack of erysipelas.

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MANIA TRANSITORIA.—Drs. Verga and Gonzales (Atti del Quarto Congresso de la Societa Freniatria Italiana) define mania transitoria as a psychosis of short duration, which, under the influence of an immediate cause, leaps suddenly into existence once in a lifetime with great violence, without febrile disturbance, in a healthy individual who, during the attack, has no consciousness of his state. The affection is cured at the end of a deep slumber. They report two cases, and a third is added by Brunati.

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TYPHOMANIA.—Dr. B. Ball (*L'Encéphale*, No. 2, 1885) believes that typhomania is closely allied to the infectious fevers, and that in all probability it is of microbic origin, and appears only in neurotic subjects.

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REFLEXES IN PARETIC DEMENTIA.—Dr. A. Betten Court-Rodrigues (*L'Encéphale*, No. 2, 1885) says that he has examined sixty-eight paretic dementes. In forty-three he found a marked exaggeration of the knee-jerk, and in two of these spinal trepidation was present eleven times. The knee-jerk was abolished, but of these cases two had developed from locomotor ataxia. In the cases the reflex was nearly normal. Expansive ideas were more frequent among the cases in which there was exaggeration. The cutaneous reflexes were very frequently abolished.

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CEREBRAL LESIONS IN THE CHRONIC INSANE.—Dr. H. E. Allison Willard, New York (*Alienist and Neurologist*, July, 1885), says that: "There are probably no fixed and constant pathological conditions, in unvarying connection with every type of insanity, as the forms of mental alienation are now named and recognized; but to some degree a classification, depending upon brain lesions, has already been made, and, although this may not become the sole basis of distinction, its bounds will be enlarged in the future. While it is not true that we can determine before death, or after, the nature of these changes in all cases, neither is it true that insanity is a disease so evanescent and ethereal in character as to always leave no trace, or traces so slight as to be entirely microscopical, of its destructive action upon brains long affected by mental disorder. Aside from diseases naturally incident to its coverings and envelopes, from traumatism and constitutional disease, undoubtedly, the excessive functional use of the brain leads to alterations of structure, which eventually become more or less evident to view, and which are often capable of being demonstrated."